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ABSTRACT

Continuing the practice of conducting an annual national survey to monitor trends in the number and characteristics of child abuse reports nationwide and in the funding and scope of child welfare services, this report summarizes results of the January, 1990 survey. Specific information of interest was: (1) the actual number of reports filed during 1987, 1988, and 1989; (2) the perecentage of these reports involving physical abuse, child neglect, sexual abuse, and emotional maltreatment; (3) state procedures or policies for screening reports and the impact of such screening on caseload size and characteristics; (4) the percentage of reported families presenting substance abuse problems; (5) the number of child abuse fatalities reported for 1987, 1988, and 1989; (6) the existing barriers to effective implementation of child protective services; and (7) funding levels for child welfare services in general. Representatives of all 50 states and the District of Columbia were contacted by telephone to obtain the above data. Of those interviewed, 49 respondents knew or were able to project their child abuse reporting statistics for 1989 and 41 states had 1989 statistics with respect to child abuse fatalities. All state representatives responded to general questions on their state's reporting procedures and child welfare practices. Specific findings are presented and prevention efforts are briefly discussed. (RH)

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Current Trends in Child Abuse Reporting and Fatalities:

The Results of the 1989 Annual Fifty State Survey

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a program of

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TRENDS IN CHILD ABUSE REPORTING AND FATALITIES

OVERVIEW

Since 1982, the National Committee for Prevention of Child Abuse has conducted an annual fifty state survey to monitor trends in the number and characteristics of child abuse reports nationwide and in the funding and scope of child welfare services. Each year, the federal government's liaison officer for child abuse and neglect in each state is contacted by telephone and asked a series of questions with respect to child abuse reports as well as other issues of concern to the field.[1] The results of this survey are then compiled by NCPCA staff and disseminated to the general public as well as those working in the field of child abuse treatment and prevention. The purpose of this report is to summarize the results of the most recent survey.

SURVEY QUESTIONS

In January, 1990, NCPCA's National Center on Child Abuse Prevention Research sent a letter to the federal liaisons for child abuse and neglect in each state and the District of Columbia requesting their support for the annual survey. A brief questionnaire accompanied the letter outlining the specific information of interest. This information included:

- the actual number of reports filed during 1987, 1988 and 1989;
- the percentage of these reports involving the four major types of maltreatment (e.g. physical abuse, child neglect, sexual abuse, and emotional maltreatment);

- state procedures or policies for screening reports and the impact of such screening on caseload size and characteristics;
- the percentage of reported families presenting substance abuse problems;
- the number of child abuse fatalities reported for 1987, 1988 and 1989;
- the existing barriers to effective implementation of CPS services; and
- funding levels for child welfare services in general.

Representatives of all fifty states and the District of Columbia were contacted by telephone to obtain the above data. While more complete data were obtained from more states than in prior years, not all states were able to address all issues. Of those interviewed, 49 respondents knew or were able to project their child abuse reporting statistics for 1989 and 41 states had 1989 statistics with respect to child abuse fatalities. All state representatives responded to general questions on their state's reporting procedures and child welfare practices.

SPECIFIC FINDINGS

Reporting Rates While 1987 and 1988 saw only marginal increases in child abuse and neglect reports, a more marked increase was noted in 1989. Based upon reporting data collected from 48 states and the District of Columbia, over 2.4 million reports were filed in 1989, approximately 10% more than had been recorded in 1988. As summarized in Table 1, this increase marks a change in a trend that began in 1986, when the rate of increase

had been on the decline, and more closely resembles the increases noted between 1980 and 1985. According to annual data collected by the American Association for Protecting Children (AAPC), child abuse reports increased an average of 11.4% annually during the first half of the decade.[2]

As in previous years, wide variation existed in the reporting trends across the fifty states and the District of Columbia. However, a greater percentage of states realized an increase in reports than had been true for the past three years. As noted in Table 1, 38 states had increases in reports ranging from 1 to 87%. Only five respondents reported a decrease and six reported no change. The most significant decline was realized in Hawaii (-30%), and was attributed, at least in part, to vigorous prevention efforts by the public, private and military sectors.

One of the primary explanations for the increase in maltreatment reports provided by the states is the concomitant increase in substance abuse. As noted in last year's survey, the drug crisis has had a tremendous impact on families. While some jurisdictions have seen maltreatment reports level off, either due to prevention efforts or screening, child abuse cases involving substance abuse are increasing rapidly. In Pennsylvania and Louisiana, for example, it is estimated that up to 90% of the caretakers reported for child abuse are substance abusers as well.

In addition to substance abuse, the persistence of other social problems contributes to increases in severe maltreatment. Those issues most frequently mentioned by the respondents with

Table 1

Child Abuse and Neglect Reporting Rates[1]
Annual Percentage Change

State	1987-1988%	1988-1989%
Alabama	+7	+16
Alaska	-7	-2
Arizona	+12	+22
Arkansas	+1	+1E
California	+11	+10E
Colorado	+8	+4
Connecticut	+10	0
Delaware	0	-6
District of Columbia	0	+20
Florida	+6	+19
Georgia	-8	+22E
Hawaii	-19	-30
Idaho	0	0
Illinois	+3	+9
Indiana	+5	+28
Iowa	+4	+4
Kansas	-12	-4
Kentucky	+3	+2
Louisiana	0	+1
Maine	-1	-2E
Maryland	+7	+5
Massachusetts	+17	+15
Michigan	-3	+2
Minnesota	+1E	NA
Mississippi	+9	0
Missouri	-8	+8
Montana	+7	+4
Nebraska	-2	0
Nevada	+31	+61E
New Hampshire	+15	+12
New Jersey	+13	+2E
New Mexico	+9	+49
New York	+17	+7
North Carolina	+4	+27
North Dakota	NA	0
Ohio	+7E	+13E
Oklahoma	+1	0
Oregon	+6	+15
Pennsylvania	+9	+6
Rhode Island	+11	+16
South Carolina	-1	+5
South Dakota	+3	+2
Tennessee	NA	+6
Texas	-3	+12
Utah	-1	+12
Vermont	+7	+8E
Virginia	+5	+5
Washington	-24	+87
West Virginia	+3	+1
Wisconsin	+6	NA
Wyoming	+3	+2
Average % Change	+4	+10

1 Dramatic increases or decreases in the number of reports for a given state may be more reflective of definitional or procedural changes than changes in actual rates of maltreatment.

E = Estimate

dramatic increases include: poverty; lack of medical care and child care; homelessness; and domestic violence. Severe winters and draught in rural states and underemployment in urban areas have produced high levels of economic stress, another common catalyst for child maltreatment.

The limited availability of prevention services also is seen as a contributing factor to the increase. This is especially true in rural counties where inaccessibility and a lack of facilities perpetuates the level of isolation experienced by families. With the system only responding to the most severe cases, families that would benefit greatly from some intermediate level of intervention are not being offered services. With so few resources available, more and more families enter the system only after they have seriously abused or neglected their children.

The one area where an expansion of prevention services has been realized, child assault prevention education in schools, also may contribute to rising reports. While these efforts have made some potential perpetrators and victims aware of the need to seek assistance before abuse begins, such programs lead to increased disclosures of prior or ongoing abuse. Similarly, general public awareness efforts and media coverage of the most dramatic maltreatment cases tend to generate more frequent reporting of at-risk children.

Finally, at least some of the dramatic increases stem from systemic or definitional changes rather than actual changes in child maltreatment levels. The most blatant example is the state

of Washington, where a change in reporting criteria to include all referrals received by local offices, not just those opened for investigation, explained a substantial share of the 87% increase noted in Table 1. Further, while the implementation of a central reporting system and tracking agency contributed to Florida's 20% increase, improved forwarding of county reports into the registry resulted in a 22% increase for Georgia. By clarifying their definitions of child maltreatment, several other states (e.g. Texas, North Carolina, Missouri, and Utah) eliminated excessive screening and now receive a more complete count of child abuse reports.

Substantiation Rates: Widespread confusion exists over the percentage of child abuse reports which constitute a misuse of child welfare resources. In determining what constitutes an appropriate or valid use of the reporting system, some rely upon the percentage of cases which are substantiated or identified as having sufficient proof of maltreatment to justify more intrusive state intervention into the family. The recent federally-funded National Incidence Study confirmed what others in the field have noted; substantiation rates nationwide were approximately 53% in 1986, 10% higher than they were in 1980.[3] In the current survey, substantiation rates for the 33 states reporting this statistic for 1989 ranged from 22% to 68%. This range is almost identical to the range reported for 1988 (22% to 67%).

Interpretation of these statistics is difficult both within a given state as well as across jurisdictions. Substantiation rates are influenced by a variety of factors including the level

of detail provided in the initial report; the level of screening of reports conducted at intake; the rigor of the CPS investigation; and the standards used to label a case as "substantiated." As discussed above, a number of reports filed with local CPS agencies may lack sufficient information to allow workers to identify the child. Anonymous reports or reports misidentifying the child or providing inaccurate or incomplete addresses all increase the likelihood that a case will be "unsubstantiated" without any formal investigation of the charge. Even when an investigation is conducted, workloads may prohibit a full examination of the alleged victim or a complete interview with the alleged perpetrator. In Tennessee, for example, workers may conduct "limited investigations" when there is not enough information to determine the appropriateness of a telephone referral. Failing to find demonstrative proof of harm or ongoing maltreatment, workers may again classify a case as "unsubstantiated" even though the conditions constitute a risk for the child's health and safety.

Tremendous variation exists across states in the manner in which substantiation rates are computed. Most states divide the number of confirmed cases following investigation by the total number of reports received, including calls to their emergency response system that might have been for simple information (e.g. what types of services are available in my community? what constitutes child abuse?). Other states base their substantiation rate solely on the percentage of confirmed cases that have undergone a full investigation. Further, classifying a

report as unfounded or unsubstantiated following an investigation does not always mean that the report was inappropriate nor that a child was not maltreated. For example, the National Incidence Study noted that 9% of the cases determined to be unfounded by child protective service workers in 1986 did indeed involve mistreatment that had resulted in physical harm to the child. This figure represents a significant increase over a similar study conducted in 1980 in which only 3% of the unfounded cases were found to constitute maltreatment.[4] Further, many substantiated cases are closed without any recommended services. A recent review of New York cases found that almost 56% of all indicated cases are closed the same day they are officially substantiated.[5]

Case Characteristics: Independent of the actual number of reports, the types of maltreatment reflected in these reports has remained fairly constant across states and across time. In 1986, the American Association for the Protection of Children (AAPC) reported that approximately 27% of all reports involved charges of physical abuse, 16% involved charges of sexual abuse, 8% involved charges of emotional maltreatment, and 55% involved charges of child neglect.[6] As summarized in Table 2, this distribution is still descriptive of reports received by the majority of states in 1989. While only half of the states surveyed record the percentage of cases involved in emotional maltreatment in a unique category, virtually all states allow for the investigation of such cases providing sufficient evidence exist, including those cases under the more general category of

Table 2

Distribution of 1989 Reports
By Type of Maltreatment

STATE	PHYSICAL ABUSE	NEGLECT	SEXUAL ABUSE	EMOTIONAL MALTREATMENT	OTHER
Alaska	31	51	18		
Arizona	12	18	16	3	51[h]
California[f]	32	44	19	4	
Colorado[f]	39	39	22		
Connecticut	30	35	9		27[g]
Delaware	23	55	9		13[e]
Florida	26	58	10	6	
Georgia	25	55	15	5	
Hawaii	54	28	10		8[c]
Idaho[d]	8	52	20		
Illinois[a]	30	52	12	6	
Indiana	36	52	12		
Iowa	32	48	14		
Kansas	51	43	6		
Kentucky[d]	26	63	9	6	2[e]
Louisiana[a]	24	63	11	1	1
Maryland[d]	38	46	16		
Massachusetts[d]	25	51	10	13	1
Michigan[a]	21	64	12	4	
Mississippi	29	46	18		6[c]
Missouri[a]	31	54	10	5	
Montana[d]	34	53	13		
Nebraska	33	53	14		
New Hampshire	31	26	28		15[c]
New Jersey	34	54	8		4[c]
New Mexico	28	61	11		
North Carolina[a]	11	73	11	1	4[c]
North Dakota	34	42	13		11[e]
Oklahoma[a]	30	49	14	7	18
Oregon[a]	24	34	25		18[b,g]
Pennsylvania[d]	43	5	51	1	
Rhode Island	41	47	12		
South Carolina[a,f]	21	56	20	2[b]	
South Dakota[d]	22	51	13	13	
Tennessee	27	48	21	4	
Texas[a,d]	30	57	17	12	
Utah[a]	26	33	30	9	
Vermont[a]	25	31	42		
Virginia[a]	20	47	12	7	13
Wyoming[f]	24	49	15	12	

A Refer to substantiated cases only
B Refer to mental injury
C Both abuse and neglect
D Duplicate
E Dependency status
F Projected
G Threat of Harm
H Dependent child, minor abuse and neglect and potential abuse and neglect

child neglect. The primary variation between the two maltreatment patterns involves states recording fewer cases of child neglect and a more sizable percentage of cases involving sexual abuse today than AAPC identified in 1986. As mentioned above, the frequent screening of neglect reports coupled with increased disclosures following child assault prevention education, may account for this shift. The most extreme example of this pattern is found in Pennsylvania where neglect cases constitute only 5% and sexual abuse 51% of all active cases. This pattern reflects the state's very stringent standard for CPS involvement, namely that the child demonstrates serious injury, a standard frequently not realized in cases of neglect.[7]

Despite the media attention on child abuse cases occurring in day care centers, foster homes or other institutions, the number of children actually abused in these settings constitutes a very small percentage of reported maltreatment. Of the 29 states able to provide figures with respect to this issue, the percentage of children abused in out-of-home settings ranged from .1% to 5%, with a majority reporting less than 1%.

As noted in last year's survey, caseloads in the majority of the jurisdictions surveyed reflect increases in the percentage of multi-problem families. State representatives report that substance abuse, especially poly drug use, combined with the parents' own history of abuse or deprivation, is resulting in caseloads comprised of seriously dysfunctional families.

The devastating nature of drugs, predominantly crack/cocaine is far reaching. No longer a problem limited to major cities,

respondents from Maine to Tennessee, report that drugs are plaguing their communities and families. Though current child welfare information systems in many states do not include substance abuse information as part of their intake data, the majority find it a problem with the families on their caseloads. While nationwide the percentage of cases involving substance abuse has historically remained at 30 to 40%, current estimates range from 20-90% and include a greater number of more violent and dependent drug addicts. Even in states reporting infrequent contact with this problem, drug abuse takes a heavy toll. While only 23% of the reports in Wyoming involve substance abuse, these cases account for over half of the state's child abuse fatalities. Alcohol abuse continues to be a common presenting problem among CPS cases. While in the past, alcoholism represented a family's only substance abuse problem, today drinking has become a gateway drug used prior to or in conjunction with more highly addictive substances.

Another recent phenomenon is the number of women abusing drugs. In contrast to the predominance of men among the addictive population when heroin was the drug of choice, today women abuse crack at a rate at least equal to men. The end result of such abuse is the growing number of infants being born exposed to illegal substances. Since most states do not require that these cases be reported to child protective services agencies, the exact scope of the problem is unknown. According to one study, however, as many as 1 in 10 babies born in the

United States, or 375,000 infants annually, are exposed to illegal drugs in the womb.[8] In New York alone, 4,993 infants were reported to child protective services for prenatal exposure to drugs. Often these babies cannot be released from the hospital because, neither parent can be located, their mother's addiction prevents her from providing adequate care, or there are no other relatives to care for the child. In a one day survey of 92 city hospitals boarding infants without a home to go to, the Child Welfare League of America found that 69% of them had been affected by maternal drug use.[9]

Efforts to secure treatment for substance abusing pregnant women have been largely unsuccessful due to the lack of treatment programs overall as well as the reluctance of programs to accept these women. Of the available programs, few have residential facilities and those that do maintain long waiting lists and high costs. Though half of the drug treatment programs in New York City accept pregnant women, only one-third treat pregnant women covered by Medicaid, and only 13% deal with crack detoxification for pregnant women covered by Medicaid.[10] To address this issue, treatment programs in Iowa and Minnesota give pregnant women priority on their waiting lists and Maryland has gone one step further by adopting a policy that requires pregnant addicted females of any age to be admitted to and retained in alcohol and drug treatment. They cannot be placed on waiting lists or be subject to involuntary termination.

Because of the substantial limitations substance abuse and dependency place on a parent's ability to adequately care for his

or her child, families presenting these problems are not good candidates for placement prevention services. As a result, states are struggling with trying to follow the goals of Public Law 96-272, designed to reduce foster care placements by increasing the provision of services to children remaining at home. According to the American Public Welfare Association, the number of children in substitute care increased by nearly 30% nationwide between 1986-1989.[11] Though the available evidence does not prove a causal relationship between parental substance abuse and a rise in alternate care placements, experiences in some states have found such a correlation. In the District of Columbia, for example, parental substance abuse generated a 58% increase in the number of children placed in foster care by the courts. Further, research suggests that cases in which the perpetrator is actively abusing substances are very poor candidates for successful treatment.[12] Consequently, the children in these families may never be able to be safely reunited with their parents, requiring the state to secure permanent alternative placements within an already over-burdened system.

Child Maltreatment Fatalities: An increase in child maltreatment reports, not only in numbers but in complexity, has made the challenge of preventing child abuse and neglect fatalities more difficult. As summarized in Table 3, reported child maltreatment fatalities remained high in 1989, placing these deaths in excess of 1,100 for the fourth consecutive year. The estimated number of reported child abuse fatalities have totaled 1,179, 1,199, and 1,237 for 1987, 1988 and 1989. These

Table 3

Reported Child Maltreatment Fatalities[a]
1987-1989

State	1987	1988	1989
Alaska	NA	NA	14
Arizona	NA	NA	44
Arkansas	5	9	14
California	83	120	97
Colorado	18	26	24
Connecticut	NA	6	7
Delaware	NA	0	4
District of Columbia	5	9	NA
Florida	39	49	39
Georgia	NA	4	5
Hawaii	2	2	3
Idaho	6	3	6
Illinois	54	98	100
Indiana	17	27	29
Iowa	9	13	9
Kansas	12	7	6
Kentucky	16	15	10
Louisiana	57	39	44
Maine	3	1	1
Maryland	23	20	29
Massachusetts	13	25	23
Minnesota	9	9	6
Mississippi	14	10	14
Missouri	19	28	20
Montana	7	2	4
Nebraska	2	4	NA
Nevada	7	5	NA
New Jersey	26	33	21
New Mexico	11	8	13
New York	166	198	187
North Carolina	6	6	7
North Dakota	NA	0	1
Ohio	75	NA	NA
Oklahoma	31	23	25
Oregon	24	17	28
Pennsylvania	44	40	55
Rhode Island	NA	1	1
South Carolina	13	11	17
South Dakota	10	2	1
Texas	97	74	94
Utah	4	5	12
Vermont	2	0	0
Virginia	27	25	34
Washington	24	21	8[b]
Wisconsin	18	19	NA
Wyoming	0	4	4
Total Projected Fatalities Nationwide	1179	1199	1237
Percentage Change 87-88		+2%	
Percentage Change 88-89			+3%

a. These figures represent the total number of child fatalities reported to each state's child protective service agency. In some states, these figures represent both confirmed and suspected child abuse fatalities. Further, some state figures are for calendar years and some are for fiscal years.

b. This does not include a region comprising 25% of the population.

figures are projections based upon 1987 data received from 39 states; 1988 data received from 43 states; and 1989 data received from 41 states.[13] If data were available from all 50 states, the actual rate of change and total scope of the problem could vary somewhat from these projections.[14]

The continued high number of deaths is of concern to child welfare administrators and child advocates. Since 1985, the number of reported child abuse fatalities has increased over 38%.[15] Whether this trend simply represents a more accurate count of a consistent problem or an actual increase in the number of fatalities, the figures are disturbing. In the past four years, a minimum of three children a day have been reported as fatal victims of child abuse. Reporting phenomenon or not, this sustained level of violence calls into question society's commitment to protecting children.

Further, these figures most likely represent the lowest estimate of the problem, as they depend upon the level of involvement of child protective services. While some state figures only account for abuse fatalities, others limit their records to fatalities involving children less than two, cases in which there were surviving siblings, or cases which were known to the agency prior to death. In addition, the specific label a death may receive is influenced by many factors, some states placing the responsibility on conservative medical examiners. Research has consistently found that some percentage of accidental deaths, child homicides, and Sudden Infant Death Syndrome (SIDS) cases might be more appropriately labeled a child

maltreatment death if more comprehensive investigations were routinely conducted.[16] On a broad scale, many of these deaths are potentially avoidable if the personal and environmental situations of the families involved were improved and if the available service networks had the capacity to respond and deliver the necessary services.

Continuing a trend initiated several years ago, a number of state administrators have adopted or are in the process of designing procedures to review child abuse fatalities. The purpose of these reviews, generally conducted by "death review committees", is to pin-point how policy might be altered so as to prevent future fatalities. Elements of the child welfare system reviewed in this process include the family's or child's current or past involvement with CPS (e.g. the number of prior reports, the child's placement history, the abuse or neglect of other children in the family, etc.); the family's contact with other local service providers such as school personnel, medical personnel, and community mental health agencies; the services and ongoing monitoring of the family provided by child welfare caseworkers; and the termination of CPS services.

One of the most disturbing findings is the age of the children dying from abuse and neglect. Over 50% of the children from the 15 states providing data with respect to age, were less than one at the time of death and in Massachusetts and Connecticut the figures were 75% and 76% respectively. This finding underscores the need for early interventions targeted to

new parents, particularly adolescents, substance abusers, or others at high risk for maltreatment.

To date, 38 states have in place formal or informal death review committees, with an additional six in the development stage. Only six states have no plans for such a review system. While this rate of response is encouraging, the scope of activities encompassed by these committees varies widely. For example, only informal reviews, staffed by state social service personnel, are currently conducted on a random selection of cases in Maryland, Massachusetts, Mississippi, Montana and North Carolina. In contrast, 32 states have established formal review procedures utilizing a multi-disciplinary staff, representative of the key agencies having contact with child abuse and neglect victims and perpetrators. Approximately half of these committees limit their investigations to cases already known to child protective services, while the remaining committees investigate any suspicious deaths brought to their attention. While many committees are state-wide and centrally managed, others organize their reviews on a district, city or county level.

While such investigations have little impact on present victims, states have reported that the reviews have led to policy changes which hopefully will prevent future deaths. Committee findings in Florida, for example, were the impetus for quality assurance activities focusing on physical injuries to children under four. In several states new investigation protocols have been developed to provide staff with better guidelines for determining a child's level of risk and to insure more thorough

investigations. For example, Minnesota now includes child endangerment in its criminal code and made a modification in the risk assessment tool which recommends more attention to chronic neglect. This is particularly important in light of the fact that neglect fatalities often represent over half of the total maltreatment deaths. Death review committee findings also have led to an increased emphasis on improved training for school, medical and criminal justice personnel.

Funding: Of the 48 states who provided funding information, 21 (42%) received an increase in their 1989 child welfare budgets. Although nine more states received budget increases in 1989 than in 1988, the vast majority of these increases merely reflected a cost of living adjustment. A small number of states did see funding increases for drug and alcohol treatment. For example, legislators in California and Florida allocated $2.1 million and $4.8 million respectively for the development of new services to pregnant and postpartum women. Again, while these are needed funds, they address only one issue and do not alleviate the lingering need for services to identified victims.

Moreover, a greater number of states reported either no change in their operating budgets (24) or a decline in revenues (3). In at least one state, Mississippi, the fact that the budgets for foster care and adoption services were cut, meant that child protective services had more ground to cover. Though the intensive services required by the families on current caseloads demand more work per case, caseloads generally have not been reduced.

Even when budget increases provided for the hiring of additional intake workers, a simultaneous rise in reports meant that the funds just covered the expanded caseloads. The situation is most disturbing in states where the lack of funds precludes them from either filling staff vacancies or training the staff they do have. Over half of the survey respondents indicated that staff shortages are one of the main barriers to the effective implementation of child protective services. Excessively high caseloads, low pay and tightly monitored positions have resulted in a rise in turnover rates. Unable to recruit and retain qualified workers, job criteria has been loosened, requiring less education and less experience.

Still, the population hardest hit by budget limitations continues to be child abuse victims, where states report that therapeutic services for abused children are available for only a fraction of substantiated cases. Due to staff shortages most agency resources are directed to investigations and crisis situations, with few, if any, resources for intervention. According to the states, this gap in service delivery is the other main barrier to effective implementation of child protective services. Not only are child protection agencies lacking the resources to provide their own services, the lack of available and affordable community resources also precludes families from receiving the treatment they need. According to many respondents, the lack of non-crisis oriented, early intervention services means that those children who do receive

services have severe emotional and behavioral problems and are extremely low functioning by the time they are served.

PREVENTION EFFORTS

As in prior years, respondents report a generally favorable attitude toward prevention services. In the majority of cases, prevention services are established through funding mechanisms outside of a state's child protective service budget. As of 1989, 49 states had passed Children's Trust or Prevention Funds making available a specific pool of money for the development and dissemination of prevention services.[17] Table 4 summarizes the general level of funding available through these funds. In Fiscal Year 1989, Trust and Prevention Funds raised approximately $28 million, 12% more than was raised in Fiscal Year 1988. The specific prevention services most commonly funded through these efforts include life skills training and child assault prevention education for elementary and high school students; education and support services for new parents and parents under stress; services for abused and neglected children; crisis intervention services; and public information and educational services.

A second major legislative trend emerging in the prevention field is the abolishment of corporal punishment in the schools. As of early 1990, 20 states had banned all corporal punishment in their public elementary and high schools. These states include Alaska, California, Connecticut, Hawaii, Iowa, Maine, Massachusetts, Michigan, Minnesota, Nebraska, New Hampshire, New Jersey, New York, North Dakota, Oregon, Rhode Island, South Dakota, Vermont, Virginia and Wisconsin. Legislation to ban or

Table 4
Children's Trust and Prevention Funds
1989 Funding Levels

	$24,000-99,000	$100,000-249,999	$250,000-349,999	$350,000-499,999	$500,000 $1 million	over $1 million	No Estimate
ALABAMA					X		
ALASKA*							X
ARKANSAS		X					
ARIZONA					X		
CALIFORNIA						X	
COLORADO**							X
CONNECTICUT*	X						
DELAWARE	X						
FLORIDA*						X	
GEORGIA					X		
HAWAII*							X
IDAHO	X						
ILLINOIS					X		
INDIANA			X				
IOWA*				X			
KANSAS			X				
KENTUCKY		X					
LOUISIANA*				X			
MARYLAND	X						
MASSACHUSETTS*		X					
MAINE	X						
MICHIGAN						X	
MINNESOTA					X		
MISSISSIPPI**							X
MISSOURI					X		
MONTANA	X						
NEBRASKA		X					
NEVADA			X				X
NEW HAMPSHIRE*		X					X
NEW JERSEY			X				
NEW MEXICO		X					
NEW YORK*						X	
NORTH CAROLINA					X		
NORTH DAKOTA	X						
OHIO						X	
OKLAHOMA*					X		
OREGON				X			
PENNSYLVANIA**							X
RHODE ISLAND		X					
SOUTH CAROLINA		X					
SOUTH DAKOTA	X						
TENNESSEE					X		
TEXAS						X	
UTAH			X				
VIRGINIA[1]*	X			X			X
VERMONT*		X					
WASHINGTON			X				
WEST VIRGINIA	X						
WISCONSIN					X		

[1]Virginia operates two prevention funds.
* No surcharge or tax checkoff
** These states did not collect revenues in 1989.

limit the use of corporal punishment in public schools is pending in 9 states and 13 additional states report active lobbying efforts are underway to generate legislative sponsors.[18]

POLICY IMPLICATIONS

Successfully confronting the problem of child abuse and neglect remains a major social challenge. The survey results outlined above suggest at least six policy directions:

- an expansion of child welfare budgets to allow for adequate investigation of all reports and the provision of therapeutic and support services for all identified victims;
- an expansion of child abuse hot lines, respite care centers, and crisis intervention services such that professionals and the general public have a broader pool of resources to draw upon in helping families at risk;
- expansion of educational and support services to pregnant women and new parents underscoring the dangers of substance abuse on the health of infants and the limitations such abuse places on an individual's capacity to parent;
- an expansion of the current foster care system along with efforts to create a more specialized component of foster care for medically compromised infants and seriously disturbed children entering the system;
- expanding the burden of protecting the nation's children beyond child protective services by

instituting comprehensive prevention services through existing medical, mental health, and educational systems; and

- restructuring of the broader service system to allow for cross-system communication and coordination of services.

References

1. These surveys provide timely, although not precise information regarding reports of abuse and neglect across the nation. Between 1976 and 1987, detailed analyses of official state reporting data were conducted by the American Association for Protecting Children, a division of the American Humane Association. Beginning in 1987, however, the Federal government ceased funding this activity in favor of developing an alternative national data base. Consequently, 1986 is the last year for which this more detailed analysis is available.

2. American Association for Protecting Children. (1988). Highlights of Official Child Neglect and Abuse Reporting, 1986. Denver, CO.: American Humane Association.

3. Westat Associates. (1988). Study Findings: Study of National Incidence and Prevalence of Child Abuse and Neglect. Washington, D.C.: U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect.

4. Ibid.

5. Salovitz, B. and Keys, D. (1988). "Is Child Protective Services Still A Service?" Protecting Children. 5:2. pp. 17-23.

6. These percentages add up to more than 100% do to the fact that certain cases involve multiple forms of maltreatment. (American Association for Protecting Children, 1988).

7. As a result of this standard, Pennsylvania is one of only four states not qualifying for federal funding under the Child Abuse Treatment and Prevention Act. The other three states not qualifying for Federal funding are California, Ohio and Arizona.

8. Chasnoff, Ira J. (1989). "Drug Use and Women: Establishing a Standard of Care," Annals of the New York Academy of Sciences, 562 (Spring 1989). pp. 208-210.

9. Mathews Munns, J. (1989). The Youngest of the Homeless: Characteristics of Hospital Boarder Babies in Five Cities. Washington, D.C.: Child Welfare League of America.

10. Dinkins, Mayor D. (1990). Child Protection Report. 16:5 p.7.

11. Tatara, T. (1990). "Effects of the Current Drug Epidemic on Children: A Critical Need for National Data." Protecting Children. 6:4 pp. 15-19.

12. Daro, D. (1988). Confronting Child Abuse. New York: The Free Press.

13. These projections are based upon the assumption that the proportion of reported child abuse fatalities is consistent with a state's proportion of the total number of children in this country. The 40 states providing data with respect to the number of child abuse fatalities in 1987 represent 85% of the total child population; the 43 states reporting child abuse fatalities in 1988 represent 85% of the total child population; and the 41 states reporting child abuse fatalities in 1989 represent 86% of the total child population.

14. An exact national number with respect to reported child abuse fatalities is difficult to determine due to definitional and reporting differences across states. In addition, state-level data on this particular statistic has not been routinely maintained in five states: Alabama, Michigan, New Hampshire, Tennessee, and West Virginia.

15. Data collected during NCPCA's 1987 annual 50-state survey identified 899 reported child abuse fatalities for 1985.

16. A full discussion of this research is found in L. Mitchel. (1987). Child Abuse and Neglect Fatalities: A Review of the Problem and Strategies for Reform. Chicago, IL: National Committee for Prevention of Child Abuse.

17. At present, the only state without such a fund is Wyoming.

18. For a full discussion of these legislative initiatives and their underlying rational see N. Romano. (1989). A Future Filled with Healthy Minds and Bodies: A Call to Abolish Corporal Punishment in the Schools. Chicago, IL.: National Committee for Prevention of Child Abuse.